

Coal Mine Employment Affidavit

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation



This report is authorized by the Black Lung Benefits Act (30 U.S.C. 901 et seq.). While you are not required to respond, your cooperation is needed to ensure that full and proper consideration is given to the referenced claim.

OMB No. 1215-0056
Expires: 04-30-2008

1. Miner's Full Name (First, Middle, Last) First Name M.I. Last Name			2. Miner's Claim No.
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3. Your Name (First, Middle, Last) First Name M.I. Last Name	4. Age	5. Are You Related to the Above Miner? <input type="checkbox"/> Yes <input type="checkbox"/> No if "Yes," give your relationship.
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6. Did you work in the coal mining industry? ☐ Yes ☐ No
If "Yes," give the name and address of your employers, type of work, and dates of employment below:

a. Name of Company	b. Location	c. Your Job	d. Dates (mm/dd/yyyy) (From) (To)

7. Give your knowledge of the miner's employment:

a. Name of Company	b. Location	c. His/Her Job	d. (From) (mm/dd/yyyy) (To) (mm/dd/yyyy)

8. Explain how you know the information relating to the miner's employment

9. Give names and address of other people who also have knowledge of the miner's coal mine work:

a. Name First Name M.I. Last Name	b. Name First Name M.I. Last Name
Address (Number, Street, City, State, ZIP Code)	Address (Number, Street, City, State, ZIP Code)
city: state: zip:	city: state: zip:

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Federal Mine Safety and Health Act of 1977, as amended, commits a crime punishable under Federal Law. I affirm that the above statements are true.

Signature of person making statement (Write in ink)	Date (Month, Day, Year)
Address (Number, Street, City, State, ZIP Code) city: state: zip:	Telephone Number (include area code)

Public Burden Statement

We estimate that it will take an average of 10 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Division of Coal Mine Workers' Compensation, Room C3526, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**